



**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**

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APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

[Check One:] ____ **Initial Application** ____ **Renewal Application**

A. Title of course or class:

B. Course Format (Check One:)

____ Classroom Instruction ____ On-Line ____ Other (explain on the back of this form or on a separate sheet)

C. Date and location (if scheduled) of course or class to be offered:

D. Identity of each instructor to include biographical data:

Important: The individuals you list will be the only instructors that will be allowed to teach this course.

E. Number of instruction hours:

F. Nature and purpose of course or class and objective or goal:

G. Name of company presenting the class:

Address: Phone #: E-mail:

H. Name of Point of Contact person for the class:

Address: Phone #: E-mail:

I. Outline of course or class and biography of instructor: *(Attach to application)*

J. Name of person or organization submitting this request:

Address: Phone #: E-mail:

If you are an individual who is requesting approval for a course you have already taken, please provide the following information:

a. Your name: _____

b. Date you attended the course: _____

c. Describe how the course is pertinent to your licensed activity: *(attach additional sheet if necessary)*

K. Is this course open to other licensees or just for your company?

L. If this is a course renewal application, has anything changed regarding course content, etc., since the initial approval by the Board? Yes ____ No ____ If yes, explain changes (use back of form, if necessary)

Typed or Printed Name of Person Submitting this Request: _____

Signature: _____ Date of Request: _____